

SOCIAL SERVICES COMMITTEE

November 25, 2009

AGENDA

Motion to accept minutes of previous meeting (10/23/09)

1. Overtime Report
2. Budget status report.
3. Our reimbursement for Title IV-E Foster Care Maintenance and Adoption Subsidy has increased from 50% to 56.2%. I am assuming that this is because NYS passed the Title IV-E Federal Audit. This will be minimum increase of \$81,386.88 in revenue.
4. Request permission to create and fill Director of Child Support Enforcement and Fraud at a salary of \$37,934 – 46,293, Grade 17 effective 12/18/09. This was part of the reorganizational plan and supposed to take place in March of 2010.
5. Request permission to abolish the position of Supervising Support Investigator which is a Grade 15, effective 11/30/09 due to retirement. This is part of the reorganizational plan that was supposed to occur in March.
6. Request permission to fill a Social Welfare Examiner position. One of my staff, Diane Perry, requested a lateral transfer to a vacant position and one of the people whose position was abolished will be filling the position. This is a grade 8 position with a starting salary of \$29,199 and is 100% reimbursed.
7. Request permission to fill a Sr. Account Clerk position and any backfills as a result due to a resignation. This is a grade 7 position with a starting salary of \$28,041 and reimbursed at 75 %.

8. Request permission to fill two Intake Clerk positions and any backfills as a result. These positions are vital to the operation of the Department and are a result of the reorganizational structure. One is reimbursed at 100% and one is reimbursed at 90%.
9. Request resolution to amend the Social Services Budget to reflect that we created a new code A.6140.0175 Homeless Prevention Rehousing Program in the amount of \$44,976.00. Revenue code is A.6140.0175 4640.
10. Request permission for training for
 - a. One staff, Rebecca Hill, to Welfare-to-Work Core Training in Albany from 11/17 – 11/19/09 and 12/8 – 12/10/09. (This was already signed by Mr. Tessier.)
 - b. One staff, Rebecca Hill, to attend Welfare-to-Work Core Caseload Management System Training in Rensselaer from 12/15 – 12/16/09.
 - c. One staff, Lisa Woititz to attend CW/CPS Common Core training in Albany on 12/1 – 12/4, 12/14 – 14/18, 1/04 - 1/8/10, 1/20 – 1/22/10.
 - d. Ten staff to attend NYPWA in Albany on 1/26 – 1/29/10.
11. I am requesting that Lisa Zulaf get the Employee Suggestion award. She came up with the idea of negotiating with the motels for lower rates in the summer and we were able to reduce our weekly rates we pay to them by \$200.00 per week. She is an asset to the Department and has helped the tax payers significantly through this initiative.
12. Request a resolution for the Child and Family Services Plan annual update. This is a one year extension and requires the Chairman's signature. It runs from 10/15/09 through 12/31/09. Prior resolution was 586 of 2006 covered 1/1/07 – 12/31/00. We are requesting an extension so it will be due 1/14/10.
13. FYI – Mike Jabaut and Douglas Herschleb are retiring 12/28/09.
14. Deputy Commissioner position.

Overtime Report

Pay period ending 10/12/9

CPS after-hours	33.1
CPS Backlog	2.2
Foster Care after hours	<u>18.4</u>
	53.7

Pay period ending 10/25/09

CPS after-hours	33.83
CPS Backlog	2.5
SCU OT	3
RAPP	6
Foster Care after hours	<u>31.8</u>
	77.13

Pay period ending 11/8/09

CPS after-hours	24.6
CPS Backlog	3.5
Foster Care after hours	<u>13.5</u>
	41.6

Pay period ending 11/22/09

CPS after-hours	33.1
CPS Backlog	7.25
Foster Care after hours	34.6
MA OT	<u>13.0</u>
	87.95

Overtime Report

Pay period ending 10/12/9

CPS after-hours	33.1
CPS Backlog	2.2
Foster Care after hours	<u>18.4</u>
	53.7

Pay period ending 10/25/09

CPS after-hours	33.83
CPS Backlog	2.5
SCU OT	3
RAPP	6
Foster Care after hours	<u>31.8</u>
	77.13

Pay period ending 11/8/09

CPS after-hours	24.6
CPS Backlog	3.5
Foster Care after hours	<u>13.5</u>
	41.6

Pay period ending 11/22/09

CPS after-hours	33.1
CPS Backlog	7.25
Foster Care after hours	34.6
MA OT	<u>13.0</u>
	87.95

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: November 2, 2009

- (a) Title of Requested Position: Director of Child Support Enforcement and Fraud
- (b) Annual **Base** Salary (and Grade if Applicable): \$37,934 - \$46,293, Grade 17
- (c) Effective Date for New Position:* 12/18/09
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): Supervising Support Invesstigator
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: 40.07 A. 6010 \$43,259
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain: Yes, we need to have a supervisor over Child Support Enforcement pursuant to the regulations
- (h) Is there expected revenue from this position? If so, please explain: Yes - we received federal reimbursement on Fraud and Child Support.

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Director of Child Support Enforcement and Fraud

Base salary \$37,934

Budget code and title A. 6010 40.07

This position is vacated due to: Retirement Resignation Termination

Employee No.

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/16/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date 9/30/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Intake Clerk

Base salary \$24,480

Budget code and title A. 6010 40.06

This position is vacated due to: Retirement Resignation Termination

Employee No. 11408

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/16/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/16/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Social Services

DATE: 11/20/09

- (a) Purpose of Amendment: Increasing appropriations and revenues

- (b) Appropriation Code (with title), Object Code (with title) and Amount: Increase
A6140.0175 470 Homeless Prevention Rehousing \$44,976.00

- (c) Revenue Code (with title), and Amount: Increase
A.6140.0175 4640 Homeless Prevention Rehousing \$44,976.00

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Social Services

DATE: 11/24/09

- (a) Purpose of Contract Change: Extend contract for Annual Plan Update for the Children and Family Services Plan
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 586 of 2006
- (c) Name of Contractor: New York State OCFS
- (d) Address of Contractor: 40 North Pearl Street, Albany, NY 12234
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: 10/15/09
- (g) Termination Date of Extension: 12/31/10
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Social Welfare Examiner

Base salary \$29,199

Budget code and title A. 6010 40.03

This position is vacated due to: Retirement Resignation Termination

Employee No. 1629

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date 9/30/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date 9/30/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Intake Clerk

Base salary \$24,480

Budget code and title A. 6010 40.03

This position is vacated due to: Retirement Resignation Termination

Employee No. 11368

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/16/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/16/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule AA@

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Sr. Account Clerk

Base salary \$28041

Budget code and title A. 6010 40.02

This position is vacated due to: Retirement Resignation Termination

Employee No. 11103

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/19/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date 11/19/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

**APPENDIX A
 PLAN SIGNATURE PAGE
 CHILD AND FAMILY SERVICES PLAN
 ANNUAL PLAN UPDATE**

We hereby approve and submit the Annual Plan Update to the Child and Family Services Plan including the Strategic Component, the Administrative Component-Local Department of Social Services, the Administrative Component-Youth Bureau, and the PINS Diversion Services Plan-Strategic Component for the Warren County Department of Social Services and Youth Bureau for the period of October 15, 2009, through December 31, 2010.

Commissioner County Department of Social Services	Date	Executive Director County Youth Bureau	Date
		Chair County Youth Board	Date

I hereby approve and submit the PINS Diversion Services Plan-Strategic Component of the Child and Family Services Plan – Annual Plan Update for Warren County Probation Department for the period of October 15, 2009 through December 31, 2010.

Director/Commissioner County Probation Department	Date
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WAIVER

(Complete and sign the following section if a waiver is being sought concerning the submission of Appendix C – Administrative Component Local Department of Social Services – Estimate of Clients to be Served.)

Warren County requests a waiver to 18 NYCRR 407.5 (a) (3) which requests a numerical estimate of families, children and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix C, of the Administrative Component – Department of Social Services is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the Warren County Child and Family Services Planning Process.

Commissioner County Department of Social Services	Date
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Enclosed is the Child and Family Services Plan – Annual Plan Update for Warren County. My signature below constitutes approval of this report.

Chief Elected Officer; or the Chairperson of the legislative body in those districts without a chief elected officer	Date
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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Sheila Weaver, Suzanne Wheeler, Harold B. McGee, Anthony Jordan, Winston Varnum, Jamie Brochu, Kelly Barker, Lorrie Mosher, Kim George, Emily Kladis
(Supervisory Committee) (Employee Name)

to attend NYPWA Winter Conference
(Name of meeting or organization)

at Albany Marriott Hotel, 189 Wolf Road, Albany, NY
(Address)

on 1/26-1/29/10 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

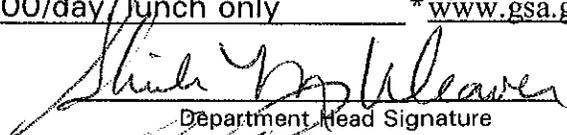
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 Meal costs - GSA *per diem rate \$ \$13.00/day lunch only _____ *www.gsa.gov

Date: 11/24/09


Department Head Signature

Date: 11/25/09


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

NYPWA'S 141ST ANNUAL WINTER CONFERENCE

JANUARY 26-29, 2010

REGISTRATION INSTRUCTIONS

1. Complete the Conference Registration form (upper portion of this page). Complete, detach and return the upper half of the form to the NYPWA office with your voucher, check, or credit card information.
2. Meals ARE included with overnight hotel packages. If you want to order meals only and do not need lodging, use the "Meals Order Form" below. Send it, with payment, directly to the Albany Marriott Hotel by **Monday, January 4, 2010**. Please note, meals are NOT included with the cost of conference registration, they must be purchased separately. **Meal tickets purchased as part of a hotel package will be available at the Marriott front desk under the name listed on the form. Meal tickets purchased separately from a hotel package can be picked up at the ticket sales window near the NYPWA conference registration table.**
3. Carefully read the Hotel Reservation Policy, noting the cut-off date for hotel registration is **Monday, January 4, 2010**.
4. Complete the Hotel Registration form with all applicable information - be sure to check the correct rooming package and a Thursday banquet entree. Then return the form to the Albany Marriott Hotel.

CANCELLATION POLICY: Refund of conference registration fee, less an administrative fee of \$15, will be made only when received in writing by January 21, 2010.

NYPWA CONFERENCE REGISTRATION

	By January 12	After January 12	6 th LDSS Registrant
<input type="checkbox"/> Full Conference	\$139.00	\$154.00	FREE
<input type="checkbox"/> One-Day	\$92.00	\$100.00	FREE

Please note that meals must be purchased separately.

PAYMENT OR VOUCHER MUST ACCOMPANY REGISTRATION FORM.

Name _____
 Title _____
 County/Agency _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Payment Type: Check Voucher Credit Card
 Card Type: (VISA or MasterCard) Exp.: _____
 Number: _____

Please submit conference registration form with payment to:
 NYPWA • 130 WASHINGTON AVENUE • ALBANY, NEW YORK 12210
 PHONE: (518) 465-9305 • FAX: (518) 465-5633

MEAL ORDER FORM

If you are not ordering a hotel package, all meals must be purchased individually through the Albany Marriott Hotel by completing this MEAL ORDER FORM. Mail the completed form with payment directly to the hotel.

Cancellation Policy is by 8AM on January 21, 2010, to avoid a charge for all meals ordered.

Name: _____ Title: _____
 County/Agency: _____ Address: _____
 Phone: _____ Fax: _____ Email: _____
 Payment: Check Voucher Credit Card Card Type: _____ Exp: _____ Number: _____

	PRICE	SELECTION
WEDNESDAY, JANUARY 27		
Lunch	\$22.00	<input type="checkbox"/>
Reception	\$33.00	<input type="checkbox"/>
THURSDAY, JANUARY 28		
Breakfast	\$17.00	<input type="checkbox"/>
Lunch	\$22.00	<input type="checkbox"/>
Banquet	\$44.00	<input type="checkbox"/>
Please make your entree selection:		<input type="checkbox"/> Halibut <input type="checkbox"/> Beef
FRIDAY, JANUARY 29		
Breakfast	\$17.00	<input type="checkbox"/>

TOTAL AMOUNT ENCLOSED: _____

Please state any special dietary needs: _____

Please submit meals form with payment to:
 ALBANY MARRIOTT HOTEL • 189 WOLF ROAD • ALBANY, NEW YORK 12205
 PHONE: (518) 458-8444 • FAX: (518) 482-7809

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Lisa Woititz
(Supervisory Committee) (Employee Name)

to attend CW/CPS Common Core Training
(Name of meeting or organization)

at CDHS 3 Marcus Blvd. Albany, NY (Hotel is Holiday Inn Turf)
(Address)

on 12/1-12/4/09, 12/14-12/18/09, 1/4-1/8/10 and 1/20-1/22/09 Mode
of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

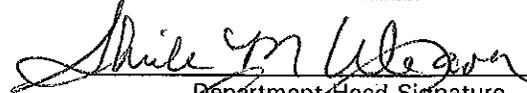
(Please check documents attached)

- Notice of meeting or convention including cost.

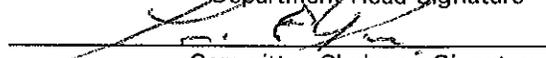
For Overnight Travel

- Room rate \$ \$50.00 GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ \$13.00/day, lunch only * www.gsa.gov

Date: 11/13/09


Department Head Signature

Date: 11/25/09


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Rebecca Hill
(Supervisory Committee) (Employee Name)

to attend Welfare To Work Core Training
(Name of meeting or organization)

at PDP Training Ctr., 1215 Western Ave., Albany, NY (Hotel is Best Western Sovereign)
(Address)

on 11/17-11/19 & 12/8-12/10/09 Mode of transportation to be used
N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

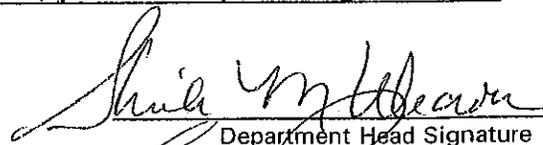
Room rate \$ \$39.50 per night GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ N/A, provided by training

* www.gsa.gov

Date: 10/28/09

Date: 11/25/09


Department Head Signature


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.